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**AF/1734**

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RESPONSE UNDER 37 C.F.R. §1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 1734

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03500.016224

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
NOBUHIKO TAKEKOSHI )      Examiner: S. Chan  
Application No.: 10/082,179 )      Group Art Unit: 1734  
Filed: February 26, 2002 )  
For: IMAGE FORMING APPARATUS )      April 20, 2004

**MAIL STOP AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated January 20, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:



In re Application of:

Docket No.: 03500.016224

NOBUHIKO TAKEKOSHI

Application No.: 10/082,179

Examiner: S. Chan

Filed: February 26, 2002

Group Art Unit: 1734

For: IMAGE FORMING APPARATUS

Date: April 20, 2004

**MAIL STOP AF**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	20	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	2	MINUS	3	= 0	x \$43 \$86	\$ -0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$\_\_\_\_ is enclosed.

Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

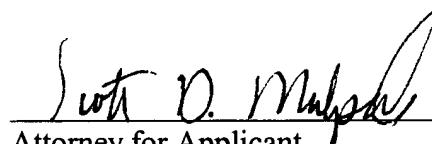
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.

A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant  
Scott D. Malpede  
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO  
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